

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-033941

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

8169

STATE FILE NUMBER

VS 300
Rev. 4/59

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28128

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DEATH

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Illinois b. COUNTY St. Clair	
b. CITY (If outside corporate limits, give TOWNSHIP only) St. Louis		c. CITY OR TOWN East St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) Barnes Hospital		d. STREET ADDRESS (If outside, give location) 1722 McCasland Ave.	
3. NAME OF DECEASED (Type or print) First GEORGE Middle MOORE Last MOORE		4. DATE OF DEATH Month August Day 11 Year 1963	
5. SEX Male	6. COLOR OR RACE Negro	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4/1/1919
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Glass Company	
11. BIRTHPLACE (City and state or country) Macon, Mississippi		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME JACK MOORE		13b. MOTHER'S MAIDEN NAME JENNIE HOSKINS	
14. NAME OF HUSBAND OR WIFE MOLLIE MOORE		15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or dates) no	
16. SOCIAL SECURITY NO.		17. INFORMANT Mollie Moore Address 1722 McCasland Ave.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Tuberculosis bilateral with Cavitation DUE TO (b) 002.1 DUE TO (c) 002.1 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 3:30 a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION St. Louis COUNTY St. Clair STATE Ill.	
21. I attended the deceased from 3:30 p.m. to 8:12/63 and last saw her alive on 8/12/63 Death occurred at 3:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Paul J. Simon (Degree or title Deputy Coroner)		22b. ADDRESS 1300 Clark	
22c. DATE SIGNED 8/12/63		22d. SIGNATURE Paul Smith, M.D.	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 8/16/63	
23c. NAME OF CEMETERY OR CREMATORY Sunset Gardens of Memory		23d. LOCATION (City, town, or county) St. Clair Township, Ill.	
23e. FUNERAL DIRECTOR Marion		23f. ADDRESS 2114 Missouri Ave. East St. Louis, Ill.	
23g. DATE RECD. BY LOCAL REG. AUG 12 1963		23h. REGISTRAR'S SIGNATURE Paul Smith, M.D.	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Marion D. Offner

Licensed Embalmer No.

5177

P. O. Address

E. St. Louis, Ill.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.